NOTICE OF LOSS TO STATE PROPERTY OR FACILITY

| INSTRUCTIONS | Fully photo all losses Do not throw out anything without first taking photographs and making an inventory list Contact the Bureau of Risk Management at 609-984-0123 as soon as possible for further instructions Please complete the form as fully as possible. Written form must be received within 5 days of discovery of loss Fax this completed form to the Bureau of Risk Management at 609-292-3046 | | |
|--------------|--|------------------------------|---|
| | 1. Name of Agency or Department | | |
| Loss | Municipality / State / Zip Code of Loss: | | |
| Location of | Floor / room / or other location where loss originated: | | Common Name of Facility (State House, Justice Complex etc): |
| ocat | Is the property lessed? | yes 🗆 no 🗆 not sure | |
| 7 | If yes, State the Name, address and phone mamber of the Leasor or properly manager | | |
| | Name and Title of Agency Contact Person | | |
| Contact | Address of Agency Contact Person | | |
| Co | Phone E-mail Fax | | |
| | Date of Loss | Time of Loss or Discovery | Type of Loss: □ broken pipe □ broken sprinkler head □ fire □ flood □ wind □ theft □ Other |
| | Description of Occurrence: | lings and items) | |
| Loss | | | |
| | stimated amount of loss please state both the amount | | □ \$-0- to \$100,000 □ \$500,000—\$1,000,000 |
| | nd Indicate range) | S | ☐ \$100,000 to \$500,000 ☐ greater than \$1,000,000 |
| | ame and contact information f persons injured: | n | |
| R | ame and address and phone f people who may have any egarding the occurrence or l | information | |
| | une of Police or Fire Depart | ment at the scene | |
| Of | THE PROPERTY IS LE, me and address and phone is property manager is the property manager or la | number | ☐ Yes by phone ☐ Yes in writing ☐ Yes in person |